



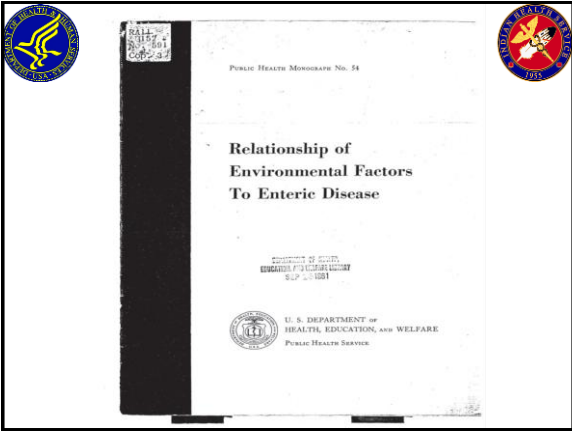
Indian Health Service

Our Mission... to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.



Priorities of Indian Health Service

- **Agency Priorities...** developed with input from staff and Tribes as a strategic framework to focus agency activities on priorities for changing and improving the IHS:
- Assessing Care
- Improving How We Deliver Services
- Addressing Behavioral Health Issues
- Strengthening Management
- Bringing Health Care Quality Expertise to IHS
- Engaging Local Resources



Public Law 86-121
86th Congress, 2d Sess.
July 31, 1959

AN ACT
73 Stat. 267

To amend the Act of August 5, 1954 (68 Stat. 674), and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act of August 5, 1954 (68 Stat. 674), is amended by adding at the end thereof the following new section:

Sec. 7. (a) In carrying out his functions under this subchapter with respect to the provision of sanitation facilities and services, the Surgeon General is authorized—

(1) to construct, improve, extend, or otherwise provide and maintain, by contract or otherwise, sewerage, sanitation facilities, including domestic and community water, sewage treatment facilities, drainage facilities, and sewage and waste disposal facilities, together with necessary appurtenances and fixtures, for Indian homes, communities, and lands;

(2) to acquire lands, or rights or interests therein, including sites, rights-of-way, and easements, and to acquire rights to the use of water, by purchase, lease, gift, exchange, or otherwise, when necessary for the purposes of this section, except that no lands or rights or interests therein may be acquired from an Indian tribe, band, group, community, or individual other than by gift or for nominal consideration, if the facility for which such lands or rights or interests therein are acquired is for the exclusive benefit of such tribe, band, group, community, or individual, respectively;

(3) to make such arrangements and agreements with appropriate public authorities and nonprofit organizations or agencies and with the Indians to be served by such sanitation facilities (and any other person so served) regarding contributions toward the construction, improvement, extension and provision thereof, and responsibilities for maintenance thereof, as in his judgment are equitable and will best assure the future maintenance of facilities in an effective and operating condition; and

(4) to transfer any facilities provided under this section, together with appurtenant interests in land, with or without a money consideration, and under such terms and conditions as in his judgment are appropriate, having regard to the contributions made and the maintenance responsibilities undertaken, and the special health needs of the Indians concerned, to any tribe or territory or subdivision or public authority thereof, or to any Indian tribe, band, group, band, or community or, in the case of domestic agreements and fixtures, to any one or more of the members of the Indian home served thereby.

(b) The Secretary of the Interior is authorized to transfer to the Surgeon General for use in carrying out the purposes of this section such interest and rights in federally owned lands under the jurisdiction of the Department of the Interior, and in Indian-owned lands that either are held by the United States in trust for Indians or are subject to a restriction against alienation imposed by the United States, including appurtenances and improvements thereon, as may be requested by the Surgeon General. Any land or interest therein, including appurtenances and improvements so such land, so transferred shall be subject to disposition by the Surgeon General in accordance with the provisions of subsection (a) of this section. *Provided*, That, in any case where a beneficial interest in such land is in any Indian, or Indian tribe, band, or group, the consent of such beneficial owner to any such transfer or disposition shall first be obtained: *Provided further*, That where deemed appropriate by the Secretary of the Interior provisions shall be made for a reversion of title to such land if it ceases to be used for the purpose for which it is transferred or disposed.

(c) Project consultation and participation. The Surgeon General shall consult with, and encourage the participation of, the Indians concerned, States and political subdivisions thereof, in carrying out the provisions of this section.

SECURITY: (Aug. 5, 1954, ch. 658, Sec. 7, as added July 31, 1959, Pub. L. 86-121, Sec. 1, 73 Stat. 267.)

Indian, sanitation facilities. 42 USC 2064a.



Surgeon General. Powers.

Acquisition of land.

Construction and maintenance.

Transfer and reversion of lands.

Transfer of U.S. land.



Sanitation Facilities Construction



Public Law 86-121 (July 31, 1959)

Provided Authority to:

- Construct sanitation facilities
- Acquire land or permission
- Make arrangements and **agreements**
- Transfer facilities

Directed the U.S. Surgeon General to:

- Consult with Tribes
- Encourage participation





Indian Health Care Improvement Act (IHCIA) Amendments

Public Law 100-713 (Nov.23, 1988)

- Amended Indian Health Care Improvement Act
- Permanently incorporated into Affordable Care Act as Section 1632.

Effect of 100-713:



- Expanded authority to provide operation and maintenance technical and financial assistance. (No appropriations have followed.)
- Tasked IHS with developing deficiency list.
- Called for consultation with Tribes regarding deficiencies.



DSFC “Program” vs “Projects”

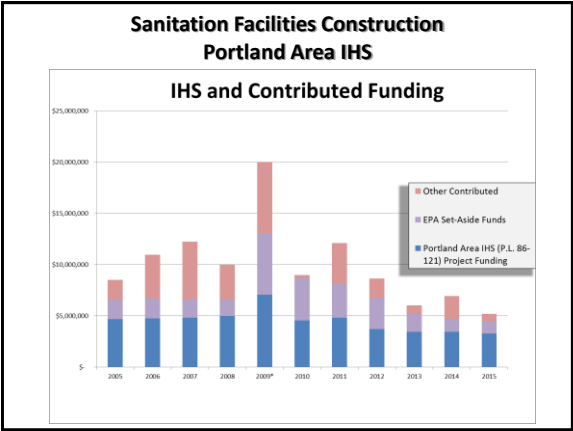
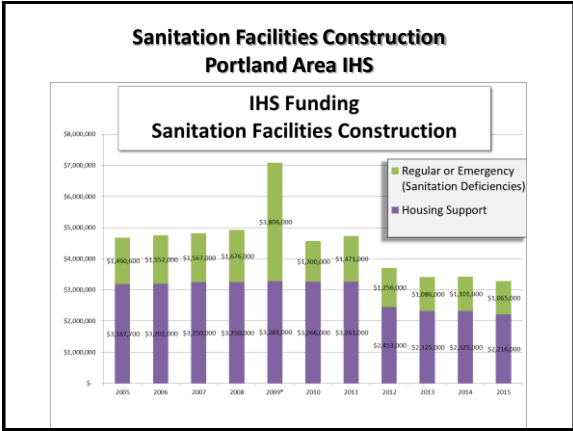
- Program activities
 - Technical assistance.
 - Need identification.
 - Project development.
 - O&M technical assistance.
 - Data management and reporting (w-STARS data system).
- Projects
 - Project funding is for delivering the scope and intended result.*
 - Approval of scope, schedule and budget.
 - Agreement with the Tribe through an MOA.
 - Transfer agreement upon completion.



* Unlike many other sources of funds, SFC project funds are not “grants”.



DSFC “Program” vs “Projects”

- Regular Funds
 - To address sanitation deficiencies at existing homes.
 - Funded in priority order through sanitation deficiency system (SDS).
- Housing Support Funds –
 - To construct water and sewer facilities for new and like-new homes.
 - Funding as eligible homes or developments are identified and as funds are available.







Indian Health Manual (Agency Policy)

“The purpose of an SFC project is to provide sanitation facilities in the form of projects to provide either services, facilities, or both to the AI/AN people and AI/AN communities. The MOA establishes the project obligation and relationship between the Federal Government and the Tribe...”



“The MOA for every IHS SFC project describes the cooperative relationship among all parties and describes how the work will be accomplished.”

Citation: Indian Health Manual Chapter 5-2.3 (Project Development)





Project Documents

- *Project Summary*
- *Memorandum of Agreement (MOA)*
- *National Environmental Policy Act Information and Documentation*
- *Project Approval Form*



Project Documents: What and Why



- 1) *Project Approval*
 - Agency decision to approve use of federal funds to carry out a purpose.
 - Documents the need and the planning and preliminary engineering.
- 2) *Nation to Nation Agreement*
 - Memorandum of Agreement is a Cooperative Agreement.
- 3) *Provides Framework and Parameters for Project Implementation*
 - MOA has implementation details.



Need Identification

Sanitation Deficiency System (SDS)

- Result of IHCA Amendments of 1988.
- For existing homes meeting eligibility criteria.
- Annual consultation with Tribes. Typically public works, or planning.
- Results in prioritization of projects to be funded with IHS Regular, EPA Tribal Set-Aside and Indian Set-Aside.
- Eight Scoring Criteria:
 - Health Impact
 - Existing Deficiency Level
 - Previous Service
 - Capital Cost (cost per eligible home)
 - Local Tribal Priority
 - O&M Capability
 - Contributions
 - Other (Director, DSFC)





Need Identification

Housing Priority System (HPS)

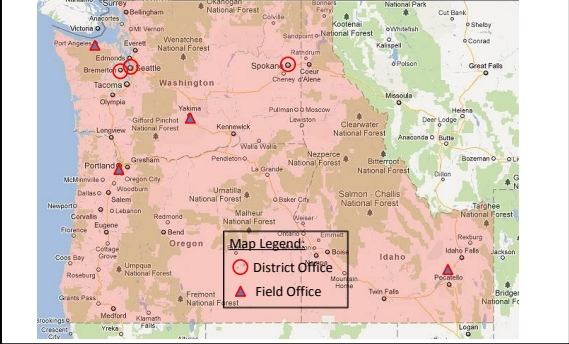
- For new housing (both community and scattered).
- Annual outreach to Tribes to learn about upcoming housing development.
- Housing must be eligible*

Home Inventory Tracking System (HITS)

- Accurate housing information is a foundation of our data systems.
- Latitude/Longitude and Housing Type - geospatial
- SDS projects must have housing data to be considered for funding.
- IHS obtains data working through the Tribe.



District and Field Offices



Map Legend:
○ District Office
▲ Field Office





District Engineers (Managers)

Spokane District and Fort Hall Field Office
Dean Fowler, P.E., District Engineer (503-455-3486) dean.fowler@ihs.gov

Olympic District (Bremerton) and Port Angeles Field Office
LCDR Roger Hargrove, P.E., District Engineer (360-792-1238) roger.hargrove@ihs.gov

Seattle District and Supervisor of Utility Consultants
Mr. Matty Haith, P.E., District Engineer (206-615-2799) matt.haith@ihs.gov

Yakama and Oregon
LCDR James Earl, P.E., Area Environmental Engineer Consultant (503-414-7786) james.earl@ihs.gov





SFC Staff

21 Engineers
10 Registered Professional Engineers
9 Engineers with Masters Degree
1 Engineer with Doctorate Degree

3 Engineering Technicians
3 Construction Inspectors
3 Administrative Staff

Current Vacancies

- Construction Inspector – Port Angeles



Challenges





Challenges





“Field” Perspective





“Field” Perspective





“Field” Perspective



